



SUNY Orange
Records & Registration
115 South Street
Middletown, NY 10940
Tel: 845-341-4155
Fax: 845-342-8662

Transcript Request Form

Print and complete form then mail or fax with appropriate fee to Records & Registration

Student Name:	Date of Birth	Maiden (Former) Name:
Student's Current Address:	Student ID#: A _____ (OR) SSN ID#: _____ - _____ - _____	
City / State / Zip		
Signature:	Date:	Telephone Number:

Are you currently enrolled at SUNY Orange ___Yes ___No

If not currently enrolled please indicate approx. date of last attendance _____

WHEN DO YOU WANT YOUR TRANSCRIPT TO BE SENT: (Choose only one option per request)

NOW – Do **not** hold for grades or notation of degree

Hold for current semester grades. (Check one) ___ Fall ___ Spring ___ Summer 1 ___ Summer 2
___ Community College in High School

Hold for notation of degree (Check one) ___ Dec. Graduate ___ Aug. Graduate ___ May Grad

PRINT BELOW THE NAME AND/OR OFFICE AND ADDRESS WHERE YOU WANT THE TRANSCRIPT SENT

➡ Number of Copies to be sent to the below address: _____ (Calculate fee of **\$8.00** per copy)

Transcript Addressed to:

Office/Department:

Street Address

City / State / Zip

Checklist: Please be sure to include:

- Sign the request
- Requester is responsible for complete and accurate address
- Please include **\$8.00** in the form of a check/MO or credit card information for a VISA, Master Card, Discover & AMEX for each transcript requested. Please make the check/MO payable to SUNY Orange
- Your Telephone Number with your request
- If applying in person be sure to have picture ID
- Please be aware transcripts are processed in the order in which they are received and will take approximately 7-10 business days.

If paying by credit card please include the following:

___ VISA ___ Master Card ___ Discover ___ AMEX

Name on Card: _____

Credit Card Number: _____

Security Code Number: _____

Expiration Date: _____

***Billing Information (ONLY if different from above)**

Street Address _____

City/State/Zip _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date Received:	Bursar Fee Paid _____ Initials _____ Date _____	Date Processed _____ Initials _____ Notes:
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